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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/656,652 Filing Date RANSMITTAL September 4, 2003 First Named Inventor **FORM** David L. Chalupsky OCT 1 I 2005 Art Unit 2153 **Examiner Name** Glenton B. Burgess (to be used for correspondence after initial filing)

Total Number of Pages in This Submission 56

Total Number of Pages in This Submission 56 Attorney Docket Number 42P14969 **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form (2 copies) Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC ~ Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply (Preliminary) Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify **Terminal Disclaimer** Extension of Time Request below): - Supplemental Declaration Request for Refund **Express Abandonment Request** - Five (5) non-patent literature documents CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Blakely, Sokoloff, Taylor & Zafman LLP Signature Printed name Michael J. Mallie Date Reg. No. October 5, 2005 36.591 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Anne Collette

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Date

October 5, 2005

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Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. passion to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/656.652 TRANSMITTAL September 4, 2003 Filing Date For FY 2005 First Named Inventor David L. Chalupsky **Examiner Name** Glenton B. Burgess Applicant@aims small entity status. See 37 CFR 1.27 Art Unit 2153 PODALANDOUNT OF PAYMENT (\$) 1,050.00 42P14969 Attorney Docket No. **METHOD OF PAYMENT** (check all that apply) Check I Credit Card None Other (please identify): Money Order Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP ✓ Deposit Account Deposit Account Number: 02-2666 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✔ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Small Entity** Small Entity Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 200 Design 100 100 130 65 50 Plant 200 100 300 160 80 150 Reissue 300 500 600 150 300 250 **Provisional** 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Multiple Dependent Claims **Total Claims** Fee Paid (\$) **Extra Claims** Fee (\$) _ - 35(HP) = 50 850 17 Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims Fee (\$) Fee Paid (\$) 200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee (\$) Fee Paid (\$) (round up to a whole number) x _ - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other:

Signature Signature	7	Registration No. (Attorney/Agent) 36,591	Telephone 408-720-8300
Name (Print/Type) Michael J. Mallie			Date October 5, 2005

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